

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>h</i>		
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	<i>A</i>	<i>5004</i>	<i>11/13/01</i>
RESPONSE FORMALITY REVIEW	<i>h</i>	<i>5090</i>	<i>11/14/02</i>

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
= ..... Allowed      I ..... Interference  
- (Through numeral)... Canceled      A ..... Appeal  
+ ..... Restricted      O ..... Objected

*Claims 1-430 canceled*

Claim	Date
Final	
Original	
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Claim	Date
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Claim	Date
Final	
Original	
101	431 ✓
102	432 ✓
103	433 ✓
104	434 ✓
105	435 ✓
106	436 ✓
107	437 ✓
108	438 ✓
109	439 ✓
110	440 ✓
111	441 ✓
112	442 ✓
113	443 ✓
114	444 ✓
115	445 ✓
116	446 ✓
117	447 ✓
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If more than 150 claims or 10 actions  
staple additional sheet here

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